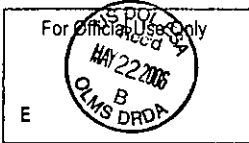


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8920	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name DENNIS E RAYMOND P.O. Box, Bldg., Room No., if any Street 1871 BALDWIN STREET City WATERBURY State Connecticut ZIP Code + 4 06706	4. Name, file number, and address of labor organization. Name TEAMSTERS LOCAL UNION 677 Labor Organization File Number 024-410 P.O. Box, Building and Room Number, if any Street 1871 BALDWIN STREET City WATERBURY State Connecticut ZIP Code + 4 06706
5. Position in labor organization. SECRETARY/TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>Dennis E. Raymond</i>	On 15-15-06 Date	203-753-3121 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 25 RESEARCH DRIVE
City MILFORD
State Connecticut ZIP Code + 4 06460

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION
WITH ATTENDING HEALTH SERVICES FUND CLERKS MEETING
HELD BY TRI-STATE JOINT FUND 5/31/2005-6/3/2005.
HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$950.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 3/29/2003-4/17/2003. TRAVEL, MEALS AND INCIDENTAL EXPENSES.

12.b. Amount.

\$1,157

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING BOARD OF TRUSTEES MEETING OF THE TRI-STATE JOINT FUND 10/18/2005-10/21/2005. HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$917

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut

ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION
WITH ATTENDING OF BOARD OF TRUSTEES MEETING OF TRI
STATE JOINT FUND 4/16/2005-4/21/2005. HOTEL ROOM
AND TAX, TRAVEL, MEALS AND INCIDENTAL EXPENSES.

12.b. Amount.

\$1,975

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut

ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION
WITH ATTENDANCE WITH FUND CONSULTANTS OF TRI STATE
JOINT FUND. LUNCH EXPENSE.

12.b. Amount.

\$20

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED ON 5/12/2005 IN
CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF
TRI STATE JOINT FUND. LUNCH EXPENSE.

12.b. Amount.

\$19

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED 7/21/2005 IN
CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF
TRI STATE JOINT FUND. LUNCH EXPENSE.

12.b. Amount.

\$6

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut ZIP Code + 4 06460

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTER LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED 8/5/2005 IN CONNECTION WITH ATTENDANCE CO-CHAIRMAN MEETING OF TRI STATE JOINT FUND. LUNCH EXPENSE.

12.b. Amount.

\$37